

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-673)

SERIAL NO. 02/465,046 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

521-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B		C <u>521-04</u>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11		10		10			61						
12				1			62						
13				1			63						
14				1			64						
15				3			65						
16				3			66						
17				1			67						
18				1			68						
19				1			69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		10				TOTAL IND.					3	
TOTAL DEP.	10		24				TOTAL DEP.					25	
TOTAL CLAIMS	20		34				TOTAL CLAIMS					28	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS